

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U - <u>9505</u> | 2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u> |
| 3. Name and address of person filing. Name <u>MORGAN P. ENSBERG</u> <u>C/O SFX SPORTS</u> P.O. Box, Bldg., Room No., if any <u>SUITE 704</u> Street <u>666 DUNDEE ROAD</u> City <u>NORTHBROOK</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60062</u> | 4. Name, file number, and address of labor organization. Name <u>MAJOR LEAGUE BASEBALL PLAYERS ASSOC.</u> Labor Organization File Number <u>064-727</u> P.O. Box, Building and Room Number, if any Street <u>12 EAST 49TH STREET</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10017</u> |
| 5. Position in labor organization. <u>PLAYER REPRESENTATIVE</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name <u>HOUSTON MCLANE</u> Trade Name, if any: <u>HOUSTON ASTROS</u> P.O. Box, Bldg., Room No., if any <u>SUITE 400</u> Street <u>501 CRAWFORD</u> City <u>HOUSTON</u> State <u>TEXAS</u> ZIP Code + 4 <u>77002</u> | 7.a. Nature of Interest, Transaction, or Income. <u>EMPLOYEE EARNING W-2 WAGES ONLY</u> <u>NO OTHER INTEREST, TRANSACTION</u> <u>OR INCOME WITH/FROM EMPLOYER.</u> 7.b. Amount. <u>(W-2 WAGES)</u> <u>\$ 472,662.02</u> |

Signature

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| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | |
| Signed <u><i>Morgan Ensberg</i></u> | On <u>8/12/05</u> <u>(847) 291-0603</u> Date Telephone Number |

Name of Person Filing

MORGAN P. ENSBERG

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TOPPS COMPANY, INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE WHITEHALL STREET

City NEW YORK

State NEW YORK ZIP Code + 4 10004

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

MLBPA LICENSEE

11.b. Approximate dollar value of such dealing.

\$4,832,269.48

12.a. Nature of interest held or income received.

PAID \$575 FOR PURPOSE
OF LICENSING LIKENESS
ON BASEBALL CARDS, ETC.

12.b. Amount.

\$575

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

MORGAN P. ENSBERG

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NIKE USA, INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE BOWERMAN DRIVE

City BEAVERTON

State OREGON

ZIP Code + 4 97005

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

MLBPA LICENSEE

11.b. Approximate dollar value of such dealing.

\$108,269.11

12.a. Nature of interest held or income received.

PAID \$7285 FOR USING AND
ENDORING NIKE USA, INC.
PRODUCTS.

12.b. Amount.

\$7285

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

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14.b. Amount of payment.

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| Name of Person Filing MOREAN P. ENSBERG | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name FRANKLIN SPORTS, INC.</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 17 CAMPANELLI PARKWAY</p> <p>City STOUGHTON</p> <p>State MASSACHUSETTS ZIP Code + 4 02072</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>PAID \$6000 FOR USING AND ENDORSING FRANKLIN SPORTS, INC. PRODUCTS.</p> <p>12.b. Amount. \$6000</p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> <p>_____</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> <p>_____</p> |

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| Name of Person Filing MORGAN P. ENSBERG | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name THE UPPER DECK COMPANY, LLC</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 5909 SEA OTTER PLACE</p> <p>City CARLSBAD</p> <p>State CALIFORNIA ZIP Code + 4 92008-6621</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>11.a. Nature of such dealing.</p> <p style="text-align: center;">MLBPA LICENSEE</p> <p>11.b. Approximate dollar value of such dealing. \$4061.574.03</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">PAID \$6860 FOR PURPOSE OF LICENSING LIKENESS ON BASEBALL CARDS, ETC.</p> <p>12.b. Amount. \$6860</p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |

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| Name of Person Filing MORGAN P. ENSBERG | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name TRI - STAR PRODUCTIONS Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 312 Street 4025 WILLOWBEND City HOUSTON State TEXAS ZIP Code + 4 77025 | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
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| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| 11.b. Approximate dollar value of such dealing. | |
| 12.a. Nature of interest held or income received. PAID \$2900 FOR PURPOSE OF LICENSING LIKENESS ON BASEBALL CARDS, PICTURES, ETC. AND FOR APPEARANCES. | |
| 12.b. Amount. \$2900 | |

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| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. |

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|--|----------------|
| Name of Person Filing MORGAN P. ENSBERG | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **DONRUSS PLAYOFF, L.P.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2300 E. RANDOL MILL ROAD**

City **ARLINGTON**

State **TEXAS** ZIP Code + 4 **76011**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

MLBPA LICENSEE

11.b. Approximate dollar value of such dealing.

\$5,750,369.64

12.a. Nature of interest held or income received.

PAID \$10,000 FOR PURPOSE OF LICENSING LIKENESS ON BASEBALL CARDS, ETC.

12.b. Amount.

\$10,000

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.